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appropriate. All further conndicated unless corrected to maintenance fee notification	below of directed otherwise	Patent, advance of in Block 1, by (a	rders and notificand specifying a ne	BLICATION FER tion of maintenants w correspondence	E (if requ nce fees v e address;	ired). Blocks 1 through 5 rill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
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APPLICATION NO.	FILING DATE		VENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/894,828 06/29/2001 Scott D. Guthrie 003797.00147 3720 FITLE OF INVENTION: ASP.NET HTTP RUNTIME							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300		\$1700	08/23/2006
EXAMINER A			UNIT CLASS-SUB		ss		
HO, ANDY 219			4 709-318000				
. Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	HE PATENT (pr	int or type)			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Microsoft Corporation Redmond, WA							
lease check the appropriate	assignee category or categor	ries (will not be pr	inted on the patent	t): 🔲 Individu	al 🛛 Co	rporation or other private gr	oup entity Government
a. The following fee(s) are of the same of	D. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).						
Change in Entity Status	(from status indicated above)		•			
a. Applicant claims SN	MALL ENTITY status. See 3	37 CFR 1.27.	b. Applicant i	s no longer claim	ing SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
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